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# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of Examiner: Luan K. Bui SHANNON MORRIS Group Art Unit: 3725 Serial No. 10/004,511 Filed: October 22, 2001 For: METHOD AND APPARATUS FOR JEWELRY ORGANIZATION

## <u>AMENDMENT</u>

Commissioner of Patents Box Fee Amendment Washington, D.C. 20231 RECEIVED

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Sir:

In response to the Office Action mailed May 2, 2002, please enter the following amendments in the above-identified application. Applicant provides, as an attachment, a marked-up version of the changes made to the application by this Amendment.

### IN THE DRAWINGS:

Please add FIG. 5, enclosed herewith.

02/01/2005 LTHOMPS1 00000003 191853 10004511

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

**Application or Docket Number** 

10/004511

		CLAIMS AS	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			15				•	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			1ら minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	ł	TOTAL	3710	OR	TOTAL	
CLAIMS AS AMENDED - PART II								OTHER THAN				THAN
٩	9-02	(Column 1)	(Column 2) (Column HIGHEST			(Column 3)	١.	SMALL		OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• 20	Minus	** 5	ь	= /		X\$ 9=		OR	X\$18=	
AME	Independent	* H	Minus		3	= /		X42=		OR	X84=	
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ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• <b>4</b> 0	Minus	**	<b>2</b> 0	= /		X\$ 9=		OR	X\$18=	
AME	Independent	• 4	Minus	***	4	-/		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ا د	+140=		OR	+280=	
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7-31-03 (Column 1) (Column 2) (Column 3)												,
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM			.440			. 200	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140=		OR	+280=	
"If the entry in column 1 is less than the entry in column 2, write 'U' in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE  OR  ADDIT. FEE  TOTAL  OR  ADDIT. FEE  TOTAL  OR  ADDIT. FEE  TOTAL  ADDIT. FEE  OR  ADDIT. FEE  OR												
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